



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E349530**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	<b>14-01980</b>
LOCAL AGENCY CODING	
TOTAL # OF UNITS	<b>01</b>
OBJECT STRUCK	

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	N S	E W	IN OF	CITY #
DATE OF COLLISION <b>08 - 16 - 2014</b>	<b>1425</b>	<b>31</b>				<input checked="" type="checkbox"/>	<b>0664</b>

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

**SR 9 SE** BLOCK NO. ☒ **1900**

MILE POST ☐

DISTANCE **300** **00** MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET) **20TH ST SE**

FEET ☒ S ☒ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4256864141**

LAST NAME **DEKLYEN** FIRST NAME **SCOTT** MIDDLE INITIAL **E**

STREET NEW ADDRESS **19605 109TH CT NE**

CITY **BOTHELL** ST **WA** ZIP **98011**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **DEKLYSE313B8** STATE **WA** SEX **M** D.O.B. **01 - 28 - 1969**

ON DUTY ☐ STATUS ☐ AIRBAG **1** RESTR. **1** EJECT **2** HELMET USE **1** INJURY CLASS **6** NATURE OF INJURIES **LEG/ARM**

LICENSE PLATE # **7C0369** STATE **WA** VIN# **1HD4CJM36YK123727**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2000** MAKE **HD** MODEL **XL 883C** STYLE **MT** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # ☐

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐

UNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE ☐

LAST NAME ☐ FIRST NAME ☐ MIDDLE INITIAL ☐

STREET NEW ADDRESS ☐

CITY ☐ ST ☐ ZIP ☐

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX ☐ D.O.B. ☐

ON DUTY ☐ STATUS ☐ AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS ☐ NATURE OF INJURIES ☐

LICENSE PLATE # ☐ STATE ☐ VIN# ☐

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR ☐ MAKE ☐ MODEL ☐ STYLE ☐ VEHICLE TOWED YES ☐ NO ☐ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # ☐

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐

OFFICER'S NAME (PRINT) **M. HINGTGEN** BADGE OR ID # **126** AGENCY **WA0311900**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E349530**

CASE # **14-01980**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NARRATIVE

Veh #1 was in the #1 northbound lane on Hwy 9. Veh #1 was forced to brake heavily for slowing traffic. The rider of Veh #1 was thrown over the handlebars and impacted the roadway. This impact caused injuries to his leg and arm.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**M. HINGTGEN**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**08-16-14 05:16 PM**

DATED

PLACE SIGNED

APPROVED BY

**BOB SUMMERS 079**

DATE

**8/17/2014 8:28:35 AM**

BADGE OR ID # **126**

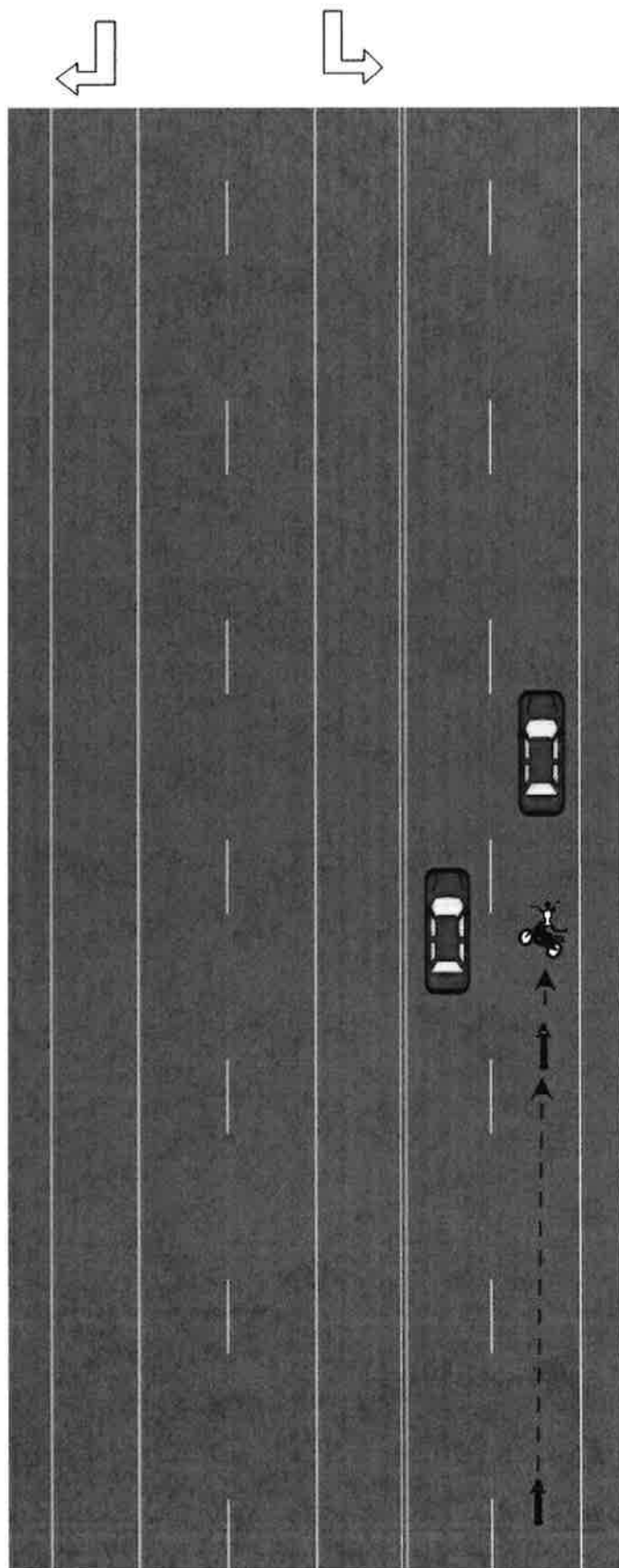
ORI # **WA0311900**

TIME POLICE DISPATCHED **2:26 PM**

TIME POLICE ARRIVED **2:33 PM**

**PART B** 3000-345-160 R (7/06)

PAGE **2** OF **3**



\*Not to Scale\*

State Route 9 SE

## CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW  
☐ AAA or OTHER ROADSIDE ASSISTANCE  
☐ EVIDENCE  
☐ SEIZED UNDER RCW 69.50.505  
☒ IMPOUND ONLY  
☐ IMPOUND WITH \_\_\_\_\_ DAY HOLD  
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.  
☐ REGISTERED OWNER MAY REDEEM \_\_\_\_\_  
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.  
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT.

# UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

14-01080

## VEHICLE INFORMATION

VIN

1 H 0 4 C J M 3 6 Y K 1 2 4 7 2 7

LICENSE

7C0369

STATE

WA

YEAR

2000

MAKE

HD

MODEL

XL 883C

MILEAGE

☐ Report of Sale

STYLE

MC

COLOR

BLK

## DRIVER

NAME (LAST, FIRST, MI)

DEKLYEN, SCOTT E

STREET ADDRESS

19605 109TH CT NE

CITY, STATE, ZIP CODE

BOTHELL, WA 98011

DOB

1/28/69

## REGISTERED OWNER

NAME (LAST, FIRST, MI)

SAMIZ AS DRIVER

STREET ADDRESS

CITY, STATE, ZIP CODE

DOB

## LEGAL OWNER

NAME (LAST, FIRST, MI)

SAMIZ AS DRIVER

STREET ADDRESS

CITY, STATE, ZIP CODE

DOB

## AUTHORIZATION AND RECEIPT


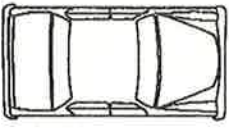
 ON THIS DATE OF 8/16/14 AT 1440 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE

 ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SPEEDWAY TOWING (TOWING FIRM)

 TO REMOVE THIS VEHICLE FROM 1900 SR 9 SE

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

 TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. E002 DATE 8/16/14

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS [    ] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [    ] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____		
			
			

## INVENTORY

## NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

COLLISION

10/11/14

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X

[Signature]

SNODOMIST

BADGE NO.

126

COUNTY, WA

**FAX COVER SHEET**

**2211 Grade Road  
Lake Stevens WA 98258  
Phone 425-334-9537 Fax 425-334-9842**



TO:	SND PAC	FAX:	
FROM:	M. HINZIGBA #126	DATE:	8/16/14
CC:		PAGES:	2
RE:	14-01980 / IMPOUND ENTRY		

☐ WHEN THIS BOX IS CHECKED, THE FOLLOWING IS **CONFIDENTIAL POLICE INFORMATION** AND MAY NOT BE DISSEMINATED.

[illegible]

*"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"*

## IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check one)

Police Impound ☒ Private Impound ☐ Repo ☐

For Police Impound: Reason for Impound and Case Number (if available):

(DUI, DWLS, COL, ABAND, VEHR, EVIDENCE, Etc.)

Case Number: 14-01980 Reason: COLLISION

MKE/ (Circle One) ☒ EVI ☐ EVIP ☐ EVR

ORI/ WA0311900

LIC/ 7C0369 LIS/ WA LIY/ 2015 LIT/ MC

VIN/ 1HDH0J1M36YK1247-7

VYR/ 2000 VMA/ HD VMO/ XL883C

VST/ VCO/ BLK

DATE OF IMPOUND/REPO: 08-16-2014

TOW COMPANY NAME: SPEEDWAY TOWING

TOW COMPANY OCA/\*\* 5318 PHONE #: 360 563 5630

\*\*(For Repossession Company with no DOL issued OCA, use 5999)

Address Taken From: 1900 SR 9 SE

City of Jurisdiction: LAKE STEVENS

For Repo:

Financial Institution:

Contact Person:

Phone #:

For Teletype:

Date: 8/16/14

Entered By: 313

WAC #: 14V0091601

Checked By: \_\_\_\_\_

Checked Date: \_\_\_\_\_

10101111

[illegible]



Incident History for: #SS14016060 Xref: #AG14002342

Case Numbers: \$SS14001980

Entered 08/16/14 14:25:49 BY SPDF24 SP0174  
Dispatched 08/16/14 14:28:08 BY SPDP17 SP0312  
Enroute 08/16/14 14:28:08  
Onscene 08/16/14 14:33:26  
Closed 08/16/14 15:10:31

Initial Type: INFO Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-3 Group: SS1 Beat: SOUT  
Src: T

Loc: 20 ST SE/SR 9 SE ,LKS (V)

Loc Info: NB SR 9 NO 20 ST

Name: CHARISHA

Addr:

Phone: 4253086138

/1425 (SP0174) ENTRY , MC DOWN ON GROUND, PT UP  
/1426 (SP0312) CANCEL , PI  
/1426 CLOSE  
/1426 (SP0189) SUPP NAM: CHARISHA,  
PHO: 4253086138,  
TXT: MOTORCYCLIST DUMPED BIKE IS ON NB SHOULDER,  
IS UP/WALKING, NON BLKING  
/1426 (SP0174) SUPP NAM: BARTLETT, GAIL,  
PHO: 4252393792,  
TXT: LOST CONTROL, ONE VEH ONLY, WAS LIMPING, RP  
PASSERBY, NFI  
/1426 (SP0204) SUPP NAM: WOOD, JEREMY,  
PHO: 4257609207,  
TXT: ANOTHER CALLER ADV THAT MINOR INJ, POSS FX  
LEG, CABN,  
/1427 (SP0338) REOPEN , NO MORE INFORMATION  
/1427 (SP0174) CHANGE TYP: INFO --> COL,  
RSP: P --> TP,  
PRI: 3 --> 2  
/1428 (SP0312) DISPER 19R1 #SS131 WELLS, OFCR (CHAD)  
/1433 ASSTOS 19D2 [20 ST SE/SR 9 SE ,LKS]  
#SS126 HINGTGEN, OFFICER (MICHAEL)  
, BLKING ALL NB TRF ON SR 9  
/1433 ONSCNE 19R1  
/1435 (\*\*\*\*\*) REMINQ 19D2 DEKLYEN. SCOTT. E. 01281969..  
/1435 (SP0312) REMINQ 19D2 NAME, 19D2, DEKLYEN, SCOTT, E, 01281969, ,  
/1435 (\*\*\*\*\*) REMINQ 19D2 7C0369  
/1435 (SP0312) REMINQ 19D2 LIC, 19D2, 7C0369, , ,  
/1436 ASNCAS 19D2 \$SS14001980  
/1438 ROTREQ 19D2 TOW 5348 LKS SPEEDWAY TOWING INC  
3605635630  
/1439 MISC 19D2 , SPEEDWAY TOW ENRT  
/1443 MISC 19D2 , ROADWAY CLEAR  
/1445 (SS131 ) \*CLEAR 19R1 D/D  
/1457 (SP0274) MISC 19D2 , TOW OS  
/1504 (SS126 ) REMINQ 19D2 MDTVEH, B43784V, , WA, , , , , , , , ,  
/1506 REMINQ 19D2 MDTVEH, AGJ5470, , WA, , , , , , , , ,  
/1509 REMINQ 19D2 MDTVEH, ABK7949, , WA, , , , , , , , ,  
/1510 (SP0274) CLEAR 19D2 D/H  
/1510 CLOSE 19D2

IRIGINA